

EMERGENCY MANAGEMENT TRAINING APPLICATION

Please print or type

| | | | | | | | | | | | | | | |
|---|--|--|--|--|--|----------------------------|------------------------------|--|------------------------------------|----------------------------------|---------------------------------------|------------------------------------|--|--|
| TRAINING COURSE TITLE: | | | | | | | | | | | | | | |
| LOCATION: | DATE(S): | | | | | | | | | | | | | |
| NAME (as you want it to appear on a certificate): | | | | | | | | | | | | | | |
| SOCIAL SECURITY NUMBER: | TITLE/CITY OR COUNTY: | | | | | | | | | | | | | |
| MAILING ADDRESS: | | | | | | | | | | | | | | |
| PHONE NUMBER: | FAX NUMBER (optional): | E-MAIL ADDRESS (optional): | | | | | | | | | | | | |
| JOB CODE: | | | | | | | | | | | | | | |
| <p>PUBLIC SECTOR:</p> <table><tbody><tr><td><input type="radio"/> State Government</td><td><input type="radio"/> City/County Administration</td><td><input type="radio"/> Emergency Management</td></tr><tr><td><input type="radio"/> Fire</td><td><input type="radio"/> Police</td><td><input type="radio"/> Public Information</td></tr><tr><td><input type="radio"/> Public Works</td><td><input type="radio"/> Rescue/EMS</td><td><input type="radio"/> Social Services</td></tr><tr><td><input type="radio"/> Other: _____</td><td></td><td></td></tr></tbody></table> | | | <input type="radio"/> State Government | <input type="radio"/> City/County Administration | <input type="radio"/> Emergency Management | <input type="radio"/> Fire | <input type="radio"/> Police | <input type="radio"/> Public Information | <input type="radio"/> Public Works | <input type="radio"/> Rescue/EMS | <input type="radio"/> Social Services | <input type="radio"/> Other: _____ | | |
| <input type="radio"/> State Government | <input type="radio"/> City/County Administration | <input type="radio"/> Emergency Management | | | | | | | | | | | | |
| <input type="radio"/> Fire | <input type="radio"/> Police | <input type="radio"/> Public Information | | | | | | | | | | | | |
| <input type="radio"/> Public Works | <input type="radio"/> Rescue/EMS | <input type="radio"/> Social Services | | | | | | | | | | | | |
| <input type="radio"/> Other: _____ | | | | | | | | | | | | | | |
| PRIVATE SECTOR: | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| SIGNATURE OF APPLICANT | | DATE | | | | | | | | | | | | |

GENERAL APPLICATION INFORMATION

Please read the course training announcement for which this application applies regarding details pertaining to the course on reimbursement, hotel accommodations, and application deadline.

There are no registration or course fees associated with Emergency Management training sessions.

OVERNIGHT ACCOMMODATIONS:

VDEM will NOT be responsible for lodging cost unless otherwise indicated in the course training announcement. The training announcement will generally list the hotels/motels near the course site. For further information, the applicant must contact the facilities directly to obtain rates and availability. VDEM is NOT RESPONSIBLE for securing hotel rooms or guaranteeing the state government hotel rate.

If the course training announcement has specifically indicated hotel direct billing, please complete the below information for overnight accommodations:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|--------|---------|-----------|----------|--------|
| DATE (S) | | | | | |

SPECIAL NOTES OR REQUESTS FOR DISABILITY ARRANGEMENTS:

Individuals with a disability, as defined in the Americans with Disabilities Act of 1990, desiring to attend this session should contact VDEM ten (10) days prior to the event so as to ensure appropriate accommodations are provided.

COMPLETE AND RETURN THIS APPLICATION BY THE DEADLINE SHOWN ON THE TRAINING ANNOUNCEMENT TO:

Virginia Department of Emergency Management
ATTN: Training and Exercises Branch
10501 Trade Court
Richmond, Virginia 23236-3713

Tel: (804) 897-6500, Ext. 6557 ● Fax: (804) 897-6556

🔗 REGISTER ONLINE AT www.vaemergency.com/train 🔗